

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):  TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (NAME): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: <p style="text-align: center;">People of the State of California</p> DEFENDANT:	
<b>NOTICE OF MOTION</b> <input type="checkbox"/> Prove Prior Conviction <input type="checkbox"/> File requested	CASE NUMBER

1. TO CLERK: A hearing on the Motion will be held as follows:
2. Schedule case #

DATE:	TIME:	DEPT:	<input type="checkbox"/> SANTA BARBARA CRIMINAL DIVISION <input type="checkbox"/> SANTA MARIA CRIMINAL DIVISION <input type="checkbox"/> LOMPOC CRIMINAL DIVISION
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NOTICE OF MOTION:

Dated:

\_\_\_\_\_

Type or Print Name

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Signature of District Attorney